IPDR6702	04/47/0005			NORTH CAROLINA		PAGE:	1	
RUN DATE:	: 04/17/2005			CHECKWRITE SUMMARY REPORT ECKWRITE DATE: 04/19/2005				1
			0.	FINANCIAL PAYER: NCDMH				
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	26	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
	H/DD/SAS			BENEFIT PACKAGE.				-
		21	15	DUPLICATE OF CLAIM-SYSTEM	2	46	54	8
								-
		24	2	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
				CODE/IIFE OF SERVICE COMBINATI				-
3404904	WESTERN HIGHLAN	21	3826	DUPLICATE OF CLAIM-SYSTEM				
	DS LME							
								-
		8505	2251	CLAIM DENIED DUE TO INSUFFICIE	169	8447	16826	8373
				NT BUDGET				
	1							1
	+	8599	1656	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404905	TREND COMM MENT	0	0	*** NO DATA TO REPORT ***				-
	TREND COMM MENT AL HLTH CTR							1
		0	0					ļ
		0	0			0	0	0
3404910	PATHWAYS	8505	2391	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				-
								+
		8518	373	CLAIM DENIED, SUBMITTED BEYOND	C	3200	3923	709
				FILING TIMELIMIT. MAY AND				
				JUNE DOS MUST BE SUBMITTED BY				-
		8800	218	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404912	CATAWBA COUNTYM	8505	2484	CLAIM DENIED DUE TO INSUFFICIE				-
	ENTAL HEALT			NT BUDGET				
								ļ
		8599	24	DETAIL NOT COVERED BY COMBINAT	34	2557	2705	5 134
				ION OF RECIPIENT, PROVIDER AND				
	1			BENEFIT PACKAGE.				
	+	8931	18	AMTNC INELIGIBLE TO RECEIVE SE				-
	+			RVICES IN IPRS.				1
3404913	AND ONLY DAILY IN CO.	21	16626	DUPLICATE OF CLAIM-SYSTEM				-
	MECKLENBURG COM ENTAL HEALT							1
	1	8329	10405	CLAIM DENIED ATTENDING PROVIDE				
	+	8329	10405	R CANNOT BE THE SAME AS	4530	44759	57904	1 11380
				THE LMA				
		05.00	0.250	DETENT NOT CONTENED BY CONTENED				1
	_	8599	8159	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				-
				BENEFIT PACKAGE.				1
3404916	CROSSROADS BEHA	8505	1131	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				1
	VIORAL HEAL							
	1 -	8517	64	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY	0	1219	1915	696
	+			THROUGH APRIL DOS MUST BE SUBM				1
	+							1
		8599	11	DETAIL NOT COVERED BY COMBINAT				
		1	1	ION OF RECIPIENT, PROVIDER AND	1	I	1	1
				BENEFIT PACKAGE.				+

DDOUTERE	4	UTCH DENTAT	NUMBER CT				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404917	CENTERPOINT HUM	8505	5975	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		120	373	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	49	6741	7348	607
				AS A NEW CLAIM				
	+	8599	149	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404918		2525						
3404918	ROCKINGHAM CO M	8505	133	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			11 101011				
		11	45	CLIENT NOT ELIGIBLE ON SERVICE	22	242	518	276
				DATE				
		2000	0.5					
	-	8800	26	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
	+	+		FUTURE RA'S.	 			
	+	+			 			
3404919	GUILFORD CO MEN	8505	1023	CLAIM DENIED DUE TO INSUFFICIE	l .			
	TAL HEALTHC			NT BUDGET				
	1							
		2500	0.00					
	+	8599	200	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	58	1438	4286	2817
	+	+		BENEFIT PACKAGE.	 	1		
		21	89	DUPLICATE OF CLAIM-SYSTEM				
2404000		2525	2550					
3404920	ALAMANCE CASWEL	8505	3658	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	L AREA MH D			NI BUDGET				
	+	8599	1442	DETAIL NOT COVERED BY COMBINAT	16	5761	8459	2698
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		2000	0.01					
	+	8800	201	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404921	ORANGE PERSON C	8505	1430	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		2000	7.50	FURTHER PROCESSING NECESSARY,				
	-	8800	769	PLEASE CHECK FOR CLAIM ON	35	3317	5229	1699
				FUTURE RA'S.				
		5312	677	PRIOR AUTHORIZED DOLLARS EXCEE				
				DED				
3404922		8505	2834	CLAIM DENIED DUE TO INSUFFICIE	-			
J-104222	THE DURHAM CENT	5363	2004	NT BUDGET	 			
	ER	+			 			
	†	1			1			
	1	8599	297	DETAIL NOT COVERED BY COMBINAT	0	3339	5919	2580
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	4	21	139	DUPLICATE OF CLAIM-SYSTEM				
	+	21	733	DOTALCATE OF CLAIM=SISTEM	-			
	+	+			 	1		
	+	1						
3404923	VGFW AREA AUTHO	8505	185	CLAIM DENIED DUE TO INSUFFICIE				
3404923	RITY			NT BUDGET				
		24	0.0					
		21	80	DUPLICATE OF CLAIM-SYSTEM	0	370	1984	1070
								1
		A						
		6- to						
		8800	43	FURTHER PROCESSING NECESSARY,				
			43	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON				
			43					

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404925	SANDHILLS CENTE	8505	1462	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8599	262	DETAIL NOT COVERED BY COMBINAT	35	2092	7073	498
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8517	101	CLAIMS DENIED, SUBMITTED BEYON				
				D FILING TIMELIMIT. JULY				
				THROUGH APRIL DOS MUST BE SUBM				
3404926	SOUTHEASTERN RE	8505	1591	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		8599	140	DERLY NOR COMPLEX BY COMPANY				
		0399	140	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	56	2088	4617	252
				BENEFIT PACKAGE.				
				BENEFII FACRAGE.				
			100					
		11	128	CLIENT NOT ELIGIBLE ON SERVICE				
			1	DATE				-
					ļ			
2404002		0505	1000	CLATH DENTED DUE TO THOUSEN				
3404927	CUMBERLAND CO M	8505	1822	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		0000	0.15					
		8800	215	FURTHER PROCESSING NECESSARY,	3	2292	3189	897
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	201	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404929	LEE HARNETT MH/	8505	1066	CLAIM DENIED DUE TO INSUFFICIE				
	DD/SAS			NT BUDGET				
		8329	12	CLAIM DENIED ATTENDING PROVIDE	0	1103	1526	423
				R CANNOT BE THE SAME AS				
				THE LMA				
		21	8	DUPLICATE OF CLAIM-SYSTEM				
3404930	JOHNSTON COUNTY	8505	1	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		0	0		0	1	2	1
3404931	WAKE CO HUM SVC	11	318	CLIENT NOT ELIGIBLE ON SERVICE				
	BILLING OF			DATE				
		21	267	DUPLICATE OF CLAIM-SYSTEM	82	888	2111	1222
		27	104	DIAGNOSIS CODE MISSING OR INVA				
				LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		0	0	*** NO DATA TO REPORT ***				
3404932	RANDOLPH/SANDHI							1
3404932	RANDOLPH/SANDHI LLS CO MH C							
3404932								
3404932								
3404932		0	0		0	0	0	(
3404932		0	0		0	0	0	(
		0	0		0	0	0	(
		0	0 2612	SERVICE REQUIRES PRIOR APPROVA	0	0	0	(
	LLS CO MH C	0	0 2612	SERVICE REQUIRES PRIOR APPROVA	0	0	0	(
	LLS CO MH C	23	2612	SERVICE REQUIRES PRIOR APPROVA	0	0	0	(
	LLS CO MH C	23	2612	L	0	0	0	(
	LLS CO MH C	23	2612	SERVICE REQUIRES PRIOR APPROVA L CLAIM DENIED DUE TO INSUFFICIE	0			13.
	LLS CO MH C			L	0	3660	3794	13-
	LLS CO MH C			L CLAIM DENIED DUE TO INSUFFICIE	0			13-
	LLS CO MH C			L CLAIM DENIED DUE TO INSUFFICIE	0			13
	LLS CO MH C			L CLAIM DENIED DUE TO INSUFFICIE	0			13
	LLS CO MH C	8505	788	L CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0			134
3404932	LLS CO MH C	8505	788	L CLAIM DENIED DUE TO INSUFFICIE NT BUDGET FURTHER PROCESSING NECESSARY,	0			134

PROVIDER NUMBER								
		HIGH DENIAL	NUMBER OF		marca	moma r	TOTAL	TOTAL
	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
3404934	ONSLOW COUNTY B	8505	142	CLAIM DENIED DUE TO INSUFFICIE				
	EHAVIORAL H			NT BUDGET				
		8800	82	FURTHER PROCESSING NECESSARY,	3	404	910	506
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	73	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935		0	0	*** NO DATA TO REPORT ***				
3404933	WAYNE CO MENTAL	U	U	NO DATA TO REPORT				
	HEALTH CTR							
		0	0		0	0	0	
		-	_		U	0	0	,
3404936	WILSON-GREENE M	8505	758	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		21	19	DUPLICATE OF CLAIM-SYSTEM	20	807	2163	135
		8931	11	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.	1			
3404937	EDGECOMBE NASH	8505	605	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTH C	1		NT BUDGET				
		2000	2.0					
		8800	38	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON	0	676	2356	1680
				FUTURE RA'S.				
		21	2.2	DUPLICATE OF CLAIM-SYSTEM				
		21	23	DOPLICATE OF CLAIM-SISIEM				
3404938		23	63	SERVICE REQUIRES PRIOR APPROVA				
	VGFW DBA RIVERS			T.				
	TONE COUNSE							
		24	18	PROCEDURE CODE, PROCEDURE/MODI	6	107	1282	1111
				FIER COMBINATION OR PROCEDURE		107	1202	111.
				CODE/TYPE OF SERVICE COMBINATI				
		8599	10	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404939	NEUSE MENTAL HE	11	54	CLIENT NOT ELIGIBLE ON SERVICE				
3404939		11	54	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404939	NEUSE MENTAL HE ALTH CENTER	11	54					
3404939				DATE				
3404939		11 8599	45	DETAIL NOT COVERED BY COMBINAT	3	206	2896	230
3404939				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3	206	2896	230
3404939				DETAIL NOT COVERED BY COMBINAT	3	206	2896	230
3404939		8599		DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	206	2896	230
3404939				DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO	3	206	2896	230
3404939		8599		DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	206	2896	230
3404939		8599		DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO	3	206	2896	230
	ALTH CENTER	8599 8651	45	DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH	3	206	2896	230
3404939	ALTH CENTER	8599		DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT	3	206	2896	230
	ALTH CENTER	8599 8651	45	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	3	206	2896	230
	ALTH CENTER	8599 8651	45	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT	3	206	2896	230
	ALTH CENTER	8599 8651 8599	45 31 500	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3			
	ALTH CENTER	8599 8651	45	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	3	206		
	ALTH CENTER	8599 8651 8599	45 31 500	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72			
	ALTH CENTER	8599 8651 8599	45 31 500	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	72			
	ALTH CENTER	8599 8651 8599	45 31 500	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE	72			
	ALTH CENTER	8599 8651 8599	45 31 500	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE	72			
	ALTH CENTER	8599 8651 8599	45 31 500	DATE OFFAIL NOT COVERED BY COMBINAT OFFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN	72			
	ALTH CENTER	8599 8651 8599	45 31 500	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	72			
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER	8599 8651 8599	45 31 500	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT	72			
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8599 8599 11	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND ENMEIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND ENMEIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	72			
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER	8599 8599 8599 11	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT	72			
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8599 8599 11	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBEER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	72			
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8599 8599 11	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBEER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	72		2640	1381
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8651 8599 111 120	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	1208	2640	1381
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8651 8599 111 120	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	1208	2640	1381
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8651 8599 111 120	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	1208	2640	1381
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8651 8599 111 120	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	72	1208	2640	138(
3404941	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8651 8599 11 120 8599	45 31 500 285	DATE DETAIL NOT COVERED BY COMBINAT OFFAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM—SYSTEM	72	1208	2640	138(
	ALTH CENTER PITT CO MH/DD/S AS CENTER ROANOKE CHOWANH	8599 8651 8599 11 120 8599	45 31 500 285	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. ONLY FOUR UNITS ALLOWED PER MO NTH DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT NOT ELIGIBLE ON SERVICE DATE CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM—SYSTEM CLIENT NOT ELIGIBLE ON SERVICE	72	1208	2640	1381

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404943	ALBEMARLE MENTA	8505	72	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALTH CE			NT BUDGET				
		11	45	CLIENT NOT ELIGIBLE ON SERVICE	49	294	1202	651
				DATE				
		191	41	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404944	EASTPOINTE HUMA	8505	990	CLAIM DENIED DUE TO INSUFFICIE				
	N SERVICES			NT BUDGET				
	N SERVICES							
		1						
		8599	175	DETAIL NOT COVERED BY COMBINAT	53	1270	5243	3880
				ION OF RECIPIENT, PROVIDER AND	33	1270	3243	5500
				BENEFIT PACKAGE.				
		8931	26	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404946	FOOTHILLS AREAM	8599	392	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND				
	ENIAL REALI			BENEFIT PACKAGE.				
		21	286	DUPLICATE OF CLAIM-SYSTEM	93	1055	12296	10564
					93	1055	12290	10364
		191	162	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
				11 111111111111111111111111111111111111				
3404957	TIDELAND MENTAL	8599	63	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
	HEALIH CIR			BENEFIT PACKAGE.				
		21	15	DUPLICATE OF CLAIM-SYSTEM	20	109	1455	1075
		1	-		20	109	1455	10/5
		 						
		 						
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE				
		1		RVICES IN IPRS.				
		 		**				
		1						
3404979	NEW RIVER AREAM	8800	78	FURTHER PROCESSING NECESSARY,				
	H/DD/SA PRO	 		PLEASE CHECK FOR CLAIM ON				
	n/ DD/ SM PRO	 		FUTURE RA'S.				
		1						
		8505	41	CLAIM DENIED DUE TO INSUFFICIE		128	601	387
		1		NT BUDGET	4	128	601	387
				* *				
		1						
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE				
	 	1		RVICES IN IPRS.				l
	1	1					1	